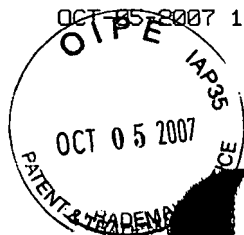


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INTEGRATED DEVICE TECHNOLOGY, INC.
6024 Silver Creek Valley Road
San Jose, CA 95138
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FAX COVER SHEET

TO: MAIL STOP ISSUE FEE U.S. P.T.O.	From: Leslie Hoffmann Patent Paralegal
Tcl. N/A	Tele: 408-284-8484
Fax. 571-273-2885	Date: October 5, 2007
Sheets: Cover + 6	
RE: <u>Applic. S/N 10/767,001 Filed January 29, 2004</u> <u>First Named Inventor: Hui ZHANG, Attorney Docket # IDT-1856</u>	

Message:

Please find attached:

1. Transmittal;

2. Part B-Issue Fee Transmittal + Duplicate;

3. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence;

4. Statement Under 27 CFR 3.73(b); and

5. "Fee Address" Indication Form.

Thank you.

**Leslie Hoffmann
Patent Paralegal
Integrated Device Technology, Inc.**

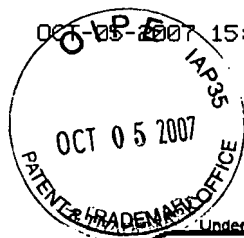
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10767,001
	Filing Date	January 29, 2004
	First Named Inventor	ZHANG, Hui
	Art Unit	2111
	Examiner Name	LEE, Christopher E.
Total Number of Pages in This Submission	Attorney Docket Number	IDT- 1856

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): FEE ADDRESS INDICATION FORM
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	GREG WARDER, REG. NO. 50,208
Signature	<i>Greg Warder</i>
Date	October 12, 2007

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Typed or printed name	Leslie Hoffmann
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Date	October 5, 2007

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